24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Action	
	C C00524181
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jamestown Associates	M M / D D / Y Y Y
Mailing Address 5 Mapleton Rd Ste 360	06 17 2014 Amount
City State Zip Code	210640.00
Princeton NJ 08540-9646	Transaction ID : EA62A37D1C254444EB70 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Media Buy Category/ Type	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Christopher Brian Mcdaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 210640.00 2014	ursement For: Primary General Other (specify) ▶ Primary Run-Off2014
Full Name of Payee	Date of Public Distribution/Dissemination
Tull Name of Fayee	M M M / D D / Y Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
Tel Election of Office Godgitt	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	210640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	210640.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Paul Kilgore	M / D D / Y Y Y
[Electronically Filed] Date	06 2014
Signature	